

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-0996.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be reimbursement for date of service 10-12-01.
- b. The request was received on 3-15-02.

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA
  - c. EOB, Reaudit dated 3-4-02
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-27-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-1-02. The response from the insurance carrier was received in the Division on 7-15-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

**III. PARTIES' POSITIONS**

1. Requestor: Letter dated 6-12-02:  
"The reason code 01999 is being used is that it correctly identifies the anesthetic technique, as well as, the surgical approach when one is performing a lumbar facet

injection. The technique involved in performing a facet injection, both from the anesthetic standpoint as well as from the technical standpoint, is identical to the approach and technique used for a lumbar discogram...Anesthesia can not be considered global because it is a separate procedure. As you can see This [sic] procedure is necessary for the procedure to be carried out properly.”

2. Respondent: Letter dated 7-11-02:

“1. This carrier denied the charge for 01999 as global to the procedure...**2. It is this carrier’s position reimbursement to the provider as if he was separate anesthesia personnel and for surgical services at the same time is improper ...3. Upon review, this carrier determined the following reimbursement is due to the requester for the services in dispute. This carrier determined \$72.84 to be fair and reasonable reimbursement based on the following information...4. Finally, it is this carrier’s position no reimbursement is due as supported by national policy.**”

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10-12-01.
- The carrier denied the disputed charge as reflected on the EOB as, “G – INT – 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES INDICATE THAT THIS SERVICE IS AN INTEGRAL COMPONENT OF ANOTHER SERVICE, PROCEDURE, OR PROGRAM. SEPARATE REIMBURSEMENT IS NOT ALLOWED FOR THIS PROCEDURE.”

Reaudit dated 3-4-02: “The Carrier will continue to deny reimbursement of 01999 anesthesia by surgeon as this service is inclusive in the reimbursement of the surgical procedure if performed by the surgeon.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-15-02	01999	\$200.00	\$-0-	G	DOP	1994 Global Service Data for Orthopaedic Surgery (GSDOS); MFG; SGR (I) (D); (II) (A); MFG; Anesthesia Ground Rules; CPT Descriptor	The Carrier has denied this service as “G”.  CPT Code 01999 is not global to any other procedure performed on the date in dispute.  Therefore, additional reimbursement of <b>\$200.00</b> recommended.
<b>Totals</b>		\$200.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$200.00.</b>

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$200.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 27<sup>th</sup> day of September 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division  
LL/ll